UTILITY PATENT APPLICATION TRANSMITTAL

Attorney Docket No.		A-9049				
First Inventor or Application No.			SCHOENBLUM			
Title		ID RAT	TE CONTROL IN A DIGITAL STREAM			

Only for new nonprovisional applications under 37 C.F.R.§ 1.53(b)

Express Mail Label No.

EL871765661US

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37 C.F.R.§ 1.53	(b)		Express Mail La	ivei IVO.	EL8/1/0500108		Ē
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APPLICATION ELEMENTS See MPEP chapter 600 concerning utility patent application contents			ADDRESS TO: Mail Stop Patent Application Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450				
	ansmittal Form (e.g. PTO/SB/ an original and duplicate fo		ing)	5. 🔲 M	icrofiche Computer Prog	ram (Appendix)	
2. Specifi	cation	[Total Page	es <u>56</u>]	(e.g a. □ b. □	g. PTO/SB/17) Computer Readable Computer Readable Computer Readable Computer Readable Computer Readable Computer Readable Readab	o computer copy)	
			1	C. [_]	Statement verifying ide	ntity of above copies	
				AC	CCOMPANYING A	APPLICATION PARTS	
4. Oath or Dec a. ⊠ Nev b. □ Cop (for i. □	by executed (original or copy by from a prior application (3) continuation/divisional with DELETION OF INVENTO Signed statement attached do named in the prior application 37 C.F.R. §§ 1.63(d)(2) and	7 C.F.R. § 1. Box 16 comp RS eleting inventon, see 1.33(b)	3_] 63(d)) bleted) tor(s)	8. ☐ 3	ntement(s) Status : ertified Copy of Priority I foreign priority is claime ther:	nent Power of Attorney ment (if applicable) Copies of IDS (COPIES) Citations MPEP 503) ized) ment filed in prior application, still proper and desired Document(s)	
	ntinuation Divisional				orior application No: 10/		
Prio	r application information:	Examiner:	UNKNOWN	Group Art	Unit: 2819		
		17.	CORRESPOND	ENCE AD	DDRESS		
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Name (Print/type)	SHELLEY L. COUTURIER	Registration No. (Attorney/Agent)			47,503
Signature	2 (Deitures		Date	AUGUST 6,	2003

Docket No.: A-9049

UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANTS:

SCHOENBLUM

DOCKET NO.:

A-9049

TITLE:

HYBRID RATE CONTROL IN A DIGITAL STREAM TRANSCODER

AUGUST 6, 2003

FEE TRANSMITTAL FORM

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	No. of Claims	No. of Claims			
	Filed	Paid For	Claims	Rate	Fee
Independent Claims	2	3	0	\$ 84.00	\$000.00
Total Claims	32	20	12	\$ 18.00	\$216.00
Multiple Dependent Claim	<u>s</u> .			\$280.00	\$000.00
Basic Filing Fee				\$750.00	\$750.00
Total Filing Fee					\$966.00

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SEND CORRESPONDENCE TO:

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Intellectual Property Dept. MS 4.3.510

5030 Sugarloaf Parkway

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Bv

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arvellen Licker

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